


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H55286**  
 1. Entity Name  
**CHEMLINE INC.**



Principal Place of Business  
**1662 BROAD ST  
 P.O. BOX 422352  
 KISSIMMEE, FL 34746 US**

Mailing Address  
**P O BOX 422352  
 KISSIMMEE, FL 34742-2352 US**



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2523686** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CELESTE, JAMES P.  
 1464 SKYLINE DRIVE  
 KISSIMMEE, FL 32743**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP CELESTE, JAMES P. 1464 SKYLINE DRIVE KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CELESTIE, PHILIP 8 FAIRVIEW AVENUE DERRY, NH 03038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like emp[er]ed.

SIGNATURE: \_\_\_\_\_ **4-3-06** **407847-4101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #